

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)**

SERIAL NO.

09/830016

20 APR 2007
FILING DATE

APPLICANT(S)

Kivchi

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
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TOTAL IND.			4		3	
TOTAL DEP.			9		12	
TOTAL CLAIMS			13		15	

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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